



Application for Reimbursement of NYS Petroleum Business Tax (PBT) on Motor Fuel/Diesel Motor Fuel for an Omnibus Carrier/Nonpublic School Operator
Tax Law — Article 13-A, Section 301-c

Print or type

Form with fields for Period covered, Legal name of claimant, Address, Records kept at, Federal employer identification number (EIN), Social security number, NYS sales tax ID number, and For office use only section with Motor fuel gallons and Diesel motor fuel gallons lines.

You must complete all lines and schedules on the back. (Mark an X in the appropriate box below.)

- 1 Total number of buses operated using motor fuel
1a Total number of buses operated using diesel motor fuel
2 Do your buses have New York State motor vehicle license plates?
3 Do you have certification from the New York State Department of Transportation (NYSDOT)?
4 Do you have federal certification from the United States Department of Transportation (USDOT)?
5 Do you operate pursuant to a contract, franchise, or consent with New York City or one of its agencies?
6 If you answered Yes to any of the above, are you engaged in local transit service?
7 Enter average weekly mileage on local transit service routes
8 Enter average weekly mileage under contract with school districts in New York State
9 Enter all other average weekly mileage

For office use only section with Audited by, Approved by, and Date fields.

Table with 3 columns: Inventory and purchases (New York State locations only), Column A Motor fuel gallons, and Column B Diesel motor fuel gallons. Rows 10-15.

Use — Enter the number of gallons that were used in your buses in New York State.

Table with 3 columns: Description of use, Column A Motor fuel gallons, and Column B Diesel motor fuel gallons. Rows 16-22.

Calculation of reimbursement

Form for calculation of reimbursement with fields for Motor fuel reimbursement, Diesel motor fuel reimbursement, and Total reimbursement.

Certification: I certify that all New York State Article 13-A taxes, for which this claim is filed, have been paid and included in the purchase price paid by me and that no portion of these taxes have been refunded or credited to me previously.

Form with fields for Print name, Signature of claimant, Official title, and Date.

